

## PART 6 - POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS PRICING AND NON-PRICING PROGRAMS 2006-2007

Each local agency participating in the Child and Adult Care Food Program must submit a policy statement in regard to free and reduced price meal eligibility. This policy statement is permanent and must be maintained in the agency files. If the local agency changes from a pricing to non-pricing or vice versa, a new policy statement must be submitted. If there are significant changes made in the policy due to changes in the regulations, a new policy statement will be completed.

Check the local agency's pricing policy:

- ☐ The agency operates a pricing program
- ☐ The agency operates a non-pricing program

*By signing this statement the local agency assures the Child and Adult Nutrition Services (CANS) office it will uniformly implement the following free and reduced price policy statement in all CACFP sites under its jurisdiction. This policy statement is permanent and remains in effect until it is modified either by the local agency or the state agency.*

\_\_\_\_\_  
Local Agency

\_\_\_\_\_  
LA Number

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CANS Staff

\_\_\_\_\_  
Date

The following attachments are included and considered part of this Pricing Policy Statement:

### **Pricing Programs**

- Attachment A - Income Eligibility Guidelines (do not return to CANS)
- Attachment B - Participant Letter and Application for Free and Reduced Price Meals (B1/B3 – B4/B5)
- Attachment C - Notification of Eligibility
- Attachment D - Civil Rights Data Collection (complete and maintain on file-do not return to CANS)
- Attachment E - Public Release (E1)

### **Non-Pricing Programs**

- Attachment A - Income Eligibility Guidelines (do not return to CANS)
- Attachment B - Participant Letter and Application for Free and Reduced Price Meals (B2/B3 – B4/B5)
- Attachment D - Civil Rights Data Collection (complete and maintain on file-do not return to CANS)
- Attachment E - Public Release (E2)

The local agency assures the Child and Adult Nutrition Services (CANS) office it will uniformly implement the following policies in all CACFP sites under its jurisdiction. In fulfilling its responsibilities, the local agency:

1. Assures Child and Adult Nutrition Services that all participants at the facilities described on the application forms are served the same meals regardless of race, color, national origin, sex, age, or disability and there is no discrimination in the course of the meal service.
2. Agrees to submit to the informational media a public release containing the information specified in Section 226.23(d) of the Child and Adult Care Food Program regulations and included in the prototype public release of this policy statement.
3. Agrees to annually collect data by racial/ethnic category on potential eligible beneficiaries for the area served by our local agency and actual beneficiary data. The local agency understands that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of a child's eligibility to receive benefits under the program. Civil Rights Data Collection form must be completed and maintained on file.
4. Agrees to forward all verbal and written complaints of discrimination to the USDA, Office of Civil Rights.
5. Agrees to submit to Child and Adult Nutrition Services any alterations to prototypes of the Letter to Participants, Application for Free and Reduced Price Meals and Notification Letter for Pricing Programs prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner as at the beginning of the fiscal year.
6. Agrees to maintain all records pertinent to CACFP reimbursement for 3 years past the current year.
7. Breakfasts, lunches, suppers and supplements will be made available in pricing programs in compliance with 7CFR 226.23 (c) without cost or at a reduced price to all participants who are determined under the Child Care Local Agency's current approved free and reduced price policy statement to be unable to pay the full price.
8. For pricing programs only, the local agency also:
  - (a) Agrees to serve meals free to participants whose family income meets the current USDA free income eligibility guidelines listed on Attachment A.
  - (b) Agrees to serve meals at a reduced price to participants whose family income meets the current USDA reduced price income eligibility guidelines listed on Attachment A. The local agency may charge a maximum reduced price of \$.30 for breakfasts, \$.40 for lunches, \$.15 for snacks, and \$.40 for suppers.
  - (c) Agrees to provide these benefits to any participant whose family income falls within the eligibility criteria and to participants who lose family income due to unemployment if the loss of income causes the family income to be within the eligibility criteria.
  - (d) Agrees that there will be no physical segregation of, or any other discrimination against, any participant because of inability to pay the full price of the meal. The names of the participants eligible to receive free or reduced price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such participants by use of special tokens or tickets or any other means. Further assurance is given that participants eligible for free or reduced price meals shall not be required to: work for their meals, eat meals at a different time, or eat a meal different from the one sold to participants paying the full price.
  - (e) Agrees to establish and use a fair hearing procedure for appeals of the local agency's decisions on free and reduced price meal applications (meal benefit form or MBF), for local agency related challenges to the correctness of information contained in a free and reduced price meal applications (meal benefit form or MBF), or to the continued eligibility of any participant for free or reduced price meals. During the appeal and hearing, the participant will continue to receive free or reduced price meals. A record of all such appeals and challenges and their dispositions shall be retained for 3 years.

Prior to initiating the hearing procedure, the participant or local agency official may request a conference to provide an opportunity for the participant and local agency official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.
  - (f) The hearing procedure shall provide the following:
    - 1) A publicly announced, simple method for making an oral or written request for a hearing.
    - 2) An opportunity to be assisted or represented by an attorney or other person.
    - 3) An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.

- 4) Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
- 5) An opportunity to present oral or documentary evidence and arguments supporting its position.
- 6) An opportunity to question or refute any testimony or other evidence and arguments supporting its position.
- 7) That the hearing be conducted and the decision made by a hearing official who did not participate in the decision under appeal.
- 8) That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
- 9) That the parties concerned and any designated representatives thereof be notified in writing of the decision of the hearing official.
- 10) That for each hearing a written record be prepared, including the issue under appeal, the documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official, and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
- 11) That such written record shall be preserved for a period of 3 years and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such a period.

- (a) Agrees to designate a determining official to review the free & reduced price application forms and make determinations of eligibility. This official will use the criteria outlined in this policy to determine which individual participants are eligible for free or reduced price meals.
- (b) Agrees to develop and send to each participant/family a letter, including a free & reduced price application form for free or reduced price meals, at the beginning of each fiscal year and whenever there is a change in eligibility criteria.  
Participants will be requested to complete this form and return it to the determining official (named in the Child and Adult Care Food Program Appeal) for review. Such applications and documentation of action taken will be maintained for 3 years after the end of the fiscal year to which they pertain.

Applications may be filled out at any time during the year. Any participant enrolling in a center for the first time shall be supplied with such documents. If a participant transfers from one center to another under the jurisdiction of the same sponsoring local agency, eligibility for free or reduced price meals will be transferred to, and honored by, the receiving center.

Within 10 working days after the local agency receives a completed free & reduced price application, it shall notify the participant/family of acceptance or denial for free or reduced price meals. The appropriate rates shall be effective immediately after such decision is rendered. All participants from a family will receive the same benefits.

When a free & reduced priced application form is rejected, the participant/family will be informed of the reason for denial and of the hearing procedure. The hearing official must be someone not involved in the original eligibility determination. Further, it is suggested that he/she hold a position superior to that of the determining official.

- (c) Agrees to establish a procedure for collecting payments from participant/family who pay for their meals and to account for the number of paid, free, and reduced price meals served. This collection procedure must prevent overt identification of those participants receiving free or reduced price meals.

9. For non-pricing programs only, the local agency:

- (a) Agrees to serve the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability and that there is no discrimination in the course of the food service.
- (b) Agrees to limit the use of free and reduced price eligibility information concerning individual households to persons directly connected with the administration and enforcement of the Program or other entities allowed by law.



## ATTACHMENT A

### **INCOME ELIGIBILITY GUIDELINES**

(Effective from July 1, 2006 to June 30, 2007)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

	Annually	Annually	Monthly	Monthly	Every 2 weeks	Every 2 weeks	Twice a month	Twice a month	Weekly	Weekly
Household Size	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$12,740	\$18,130	\$1,062	\$1,511	\$490	\$698	\$531	\$756	\$245	\$349
2	\$17,160	\$24,420	\$1,430	\$2,035	\$660	\$940	\$715	\$1,018	\$330	\$470
3	\$21,580	\$30,710	\$1,799	\$2,560	\$830	\$1,182	\$900	\$1,280	\$415	\$591
4	\$26,000	\$37,000	\$2,167	\$3,084	\$1,000	\$1,424	\$1,084	\$1,542	\$500	\$712
5	\$30,420	\$43,290	\$2,535	\$3,608	\$1,170	\$1,665	\$1,268	\$1,804	\$585	\$833
6	\$34,840	\$49,580	\$2,904	\$4,132	\$1,340	\$1,907	\$1,452	\$2,066	\$670	\$954
7	\$39,260	\$55,870	\$3,272	\$4,656	\$1,510	\$2,149	\$1,636	\$2,328	\$755	\$1,075
8	\$43,680	\$62,160	\$3,640	\$5,180	\$1,680	\$2,391	\$1,820	\$2,590	\$840	\$1,196
For each additional family member, add	\$4,420	\$6,290	\$369	\$525	\$170	\$242	\$185	\$263	\$85	\$121

#### **NOTE TO LOCAL AGENCY OFFICIALS:**

When making a determination, the frequency of the current income should be compared to the respective scale above (weekly income should be compared to the weekly scale above). When income is from more than one frequency, each should be converted to monthly income and added together.

To convert weekly income to monthly income, multiply weekly income by 4.33.

To convert bi-weekly income to monthly income, multiply bi-weekly income by 2.15.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.

## HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS

Attachments B1, B3, B4 & B5 are to be used for programs that do charge for lunches, breakfasts, snacks, and/or suppers. Only the reduced price income scale may be used in the letter for meal benefit applications.

Some changes the school/center can make that do not require advance approval:

- Add in the school's/center's meal prices.
- List different reduced price(s), if less than the listed price.
- Add the contact for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Add supper if this meals is offered.
- Change the notification section to specify how the family will be notified. Remember that denials must always be sent in writing (See Attachment C).
- Add a separate cover letter explaining the local school's/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

## ATTACHMENT B1

### PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The \_\_\_\_\_ school/center offers healthy meals every day that it's open. Breakfast costs \$\_\_\_\_; lunch costs \$\_\_\_\_; and snack costs \$\_\_\_\_. Participants may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch, and \$ .15 for snack.

**To apply for free or reduced price meals**, use the Application for Free and Reduced Price Meals, which is attached.

We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:** name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.

*Here are answers to questions you may have about applying:*

- 1. Who can get free or reduced price meals?** Participants in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, participants can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.
- 2. Do I need to fill out an application for each participant?** No. Use one Application for Free and Reduced Price Meals for all participants in the household. We can not approve an application that is not complete, so be sure to fill out all required information.
- 3. Can homeless, runaway, and migrant children get free meals?** Please call the school/center, homeless liaison, or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 5. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 6. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 7. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, participants may be able to get free or reduced price meals.
- 8. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling \_\_\_\_\_. You may also ask for a hearing by calling or writing to: name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.
- 9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your participants should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
- 10. How will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.
- 11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for participants whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual participants who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** \_\_\_\_\_.

*Si necesita ayuda, por favor llame al teléfono:* **phone number** \_\_\_\_\_.

*Si vous voudriez d'aide, contactez nous au numero:* **phone number** \_\_\_\_\_.

Sincerely,

**[signature]**

## **NON-PRICING HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION AND INSTRUCTIONS**

Attachments B2, B3, B4, & B5 are to be used for programs that do not charge for lunches, breakfasts, snacks, and/or suppers. Only the reduced price income scale may be used in the letter for meal benefit applications.

Some changes the school/center can make that do not require advance approval:

- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Add a separate cover letter explaining the local school's/center's times, policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.



## ATTACHMENT B2

### NON-PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The \_\_\_\_\_ center offers healthy meals every day that it's open. The center can get money for meals served when they can document the size and income of households with enrolled participants.

**To show eligibility for free or reduced price meals**, use the Application for Free and Reduced Price Meals, which is attached. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.**

*Here are answers to questions you may have about applying:*

1. **How do I show eligibility?** The center will get higher payments from the government for participants in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) [also known as commodities] and most foster children regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, the center will get higher payments from the government. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one.
2. **Do I need to fill out an application for each participant?** No. Use one Free and Reduced Price Meal Application for all participants in the household. We can not approve an application that is not complete, so be sure to fill out all required information.
3. **Can homeless, runaway, and migrant children get free meals?** Please call the school/center, homeless liaison, or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
4. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
5. **We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
6. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
7. **If I don't qualify now, may I provide information later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, the center may be able to get higher payments from the government during the time you are unemployed.
8. **Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your participants should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
9. **What if my child needs special foods?** The center will make substitutions to the regular meal pattern for participants whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual participants who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** \_\_\_\_\_.

*Si necesita ayuda, por favor llame al teléfono:* **phone number** \_\_\_\_\_.

*Si vous voudriez d'aide, contactez nous au numero:* **phone number** \_\_\_\_\_.

Sincerely,

[signature]

## ATTACHMENT B3

### INCOME GUIDELINES (Effective July 1, 2006 through June 30, 2007)

**Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.**

Household Size	Yearly	Monthly	Weekly
1	\$18,130	\$1,511	\$349
2	\$24,420	\$2,035	\$470
3	\$30,710	\$2,560	\$591
4	\$37,000	\$3,084	\$712
5	\$43,290	\$3,608	\$833
6	\$49,580	\$4,132	\$954
7	\$55,870	\$4,656	\$1,075
8	\$62,160	\$5,180	\$1,196
For each additional family member, add:	\$6,290	\$525	\$121

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: all persons, including parents, participant, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is: the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

### DETERMINING INCOME

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

Proprietorship Income	Farm Income	Partnership Income
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

### INCOME TO REPORT

#### Earnings from Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business, day care business or farm

#### Pensions/Retirement/Social Security

Pensions  
Supplemental Security Income  
Veteran's payments  
Social Security

#### Welfare/Child Support/Alimony

Public assistance payments  
Alimony/child support payments

#### Other Monthly Income/Self-employment

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the same household  
Net royalties/annuities/net rental income  
Military allowance for off-base housing  
Any other income

**ATTACHMENT B4****APPLICATION FOR FREE AND REDUCED PRICE MEALS**

(For complete instructions, refer to next page.)

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

☐ New Applicant☐ Previous Applicant**Part 1A.**

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

**Part 1B.** Households receiving Food Stamps (FS), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (commodities) (FDPPIR): If your family is NOW receiving Food Stamps, TANF, FDPPIR for all of the above named children, list the case number. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Section 3. The application MUST have the signature of an adult.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPPIR Case Number: \_\_\_\_\_

**Part 2. Is this child a Foster Child?**

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

Part 2A. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school homeless liaison, migrant coordinator at phone: \_\_\_\_\_. Homeless ☐ Migrant ☐ Runaway ☐**Part 3. Total Household Income from Last Month—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household)	B. Last month's income and how often it was received <i>Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.*

Sign here:

X \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL/CENTER USE ONLY**Food Stamp / FDPPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ NoTotal monthly income: \_\_\_\_\_ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ PaidNot Eligible: ☐ Over income ☐ Incomplete informationHousehold size: \_\_\_\_\_ Temporary Eligibility: ☐ Free ☐ Reduced Price Until: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Change in Status Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment B5

### INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other participants together.

**If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the participants listed, follow these instructions:**

**Part 1A:** List each participant's name, school/center, age, and/or grade.

**Part 1B:** List the Food Stamp, FDPIR, and/or TANF case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1A:** List the child's name, school/center, age, and/or grade.

**Part 1B:** Skip this part.

**Part 2:** List the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 2A:** If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school homeless liaison or migrant coordinator.

**ALL OTHER HOUSEHOLDS and for participants the household does not get benefits for, follow these instructions:**

**Part 1A:** List each participant's name, school/center, age and/or grade,

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all participants. Attach another sheet of paper if you need to.

**Column B—Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. **Employment income:** List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). **Other Income:** List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

**Column C—Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

### Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List <b>everyone</b> in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if <b>NO</b> income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
<i>(Example)</i> <i>Jane Smith</i>	<u>\$200/weekly</u>	<u>\$150/weekly</u>	<u>\$100/monthly</u>	<u>\$ /</u>	<input type="checkbox"/>

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**Privacy Act Statement:** This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve participants for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all participants you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if participants are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

### ATTACHMENT C

## NOTIFICATION LETTER FOR PRICING PROGRAMS

Dear \_\_\_\_\_:

Your application for free and reduced price meals has been:

\_\_\_\_\_ Approved for free meals

\_\_\_\_\_ Approved for reduced price meals at \_\_\_\_\_ cents for breakfast, \_\_\_\_\_ cents for lunch,  
\_\_\_\_\_ cents for snacks, and \_\_\_\_\_ cents for supper.

\_\_\_\_\_ Denied for the following reasons(s):

\_\_\_\_\_ Income over the allowable amount.

\_\_\_\_\_ Incomplete application. The following information is missing: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Temporarily approved for \_\_\_\_\_ meals until \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the center determining official \_\_\_\_\_ at phone number \_\_\_\_\_. You also have the right to a fair hearing. To request a hearing, call or write the following hearing official:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

You may reapply for benefits at any time during the year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, you may fill out a new application at that time.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(TITLE)



## CIVIL RIGHTS DATA COLLECTION

The following information **must be collected each year** to meet the Civil Rights requirements. It is the agency's responsibility to collect this information and maintain it on file for three years plus the current year. The agency does not need to return this to Child and Adult Nutrition Services. Race and ethnic background data for the children enrolled at each center should be maintained confidentially and should only be made available to authorized State Agency or Federal personnel.

**Estimated Racial/Ethnic Makeup of Service Area (approximate percentages):** This may be available from the local library, county government, or SDSU Rural Sociology Department (605)688-4899. This information is also available at <http://factfinder.census.gov>. Once at the website enter the city/town, county, or zip code in the "Fast Access to Information" section at the top of the page. Click on South Dakota in the drop down box below the city/county/zip code entered. Click on "go" or hit the "enter" key. A page may come up to ask you to select a specific geographic section. If so, select the area you need information for by clicking on the area. Once that page opens, use the percentages in the "percent" column (not the U.S. column) to enter the percentages on the lines below. Racial/ethnic data is located just below the general characteristics on the page.

_____ %	Native Hawaiian and Other Pacific Islander
_____ %	American Indian or Alaskan Native
_____ %	Asian
_____ %	Black or African American (not of Hispanic origin)
_____ %	Hispanic or Latino (of any race)
_____ %	White (not of Hispanic origin)
_____ %	Other

Source of information for Service Area: \_\_\_\_\_

**Racial makeup of the agency's enrollment (actual numbers & percentages):**

Actual Numbers	Percents	
_____ = _____ %		Hispanic or Latino
_____ = _____ %		Not Hispanic or Latino

**Ethnic makeup of the agency's enrollment (actual numbers & percentages):**

Actual Numbers	Percents	
_____ = _____ %		Native Hawaiian and Other Pacific Islander
_____ = _____ %		American Indian or Alaskan Native
_____ = _____ %		Asian
_____ = _____ %		Black
_____ = _____ %		White
_____ = _____ %		Other

Date information is collected: \_\_\_\_\_





## ATTACHMENT E1

### PUBLIC RELEASE FOR PRICING PROGRAMS

1. Each new local agency must submit a public release to the local news media. A prototype is provided below. Child and Adult Nutrition Services does not require the agency to pay for publication of the release.
2. A copy of the public release and letter sent to the media must be maintained in the permanent files.
3. Check and attach at least one of the following items:

\_\_\_\_\_ a. We have attached a copy of the letter and the public release as submitted to the media.

Where the release was sent to: \_\_\_\_\_

Date sent: \_\_\_\_\_

\_\_\_\_\_ b. A copy of the news release that was published is attached.  
(Send the full newspaper page on which the release was printed.)

### PUBLIC RELEASE PROTOTYPE – Child or Adult Day Care Centers

(Name of Local Agency) \_\_\_\_\_ announces the sponsorship of the Child And Adult Care Food Program at its center(s) located at:

\_\_\_\_\_  
\_\_\_\_\_

Free and reduced price meals are available to enrolled participants whose annual family income is at or below the levels shown on the following annual income scales effective through June 30, 2007.

<u>Family Size</u>	<u>Eligibility Scale for Free Meals</u>	<u>Eligibility Scale for Reduced Meals</u>
1	\$12,740	\$18,130
2	\$17,160	\$24,420
3	\$21,580	\$30,710
4	\$26,000	\$37,000
5	\$30,420	\$43,290
6	\$34,840	\$49,580
7	\$39,260	\$55,870
8	\$43,680	\$62,160
For each additional family member add:	\$4,420	\$6,290

The information provided on the application for free or reduced price meals is confidential and is used only for the purpose of determining eligibility.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## ATTACHMENT E2

### PUBLIC RELEASE FOR NON-PRICING PROGRAMS

1. Each new local agency must submit a public release to the local news media. A prototype is provided below. Child and Adult Nutrition Services does not require the agency to pay for publication of the release as submitted to the media.
2. A copy of the public release and letter sent to the media must be maintained in the permanent files.
3. Check and attach at least one of the following items:

\_\_\_\_\_ a. We have attached a copy of the letter and the public release as submitted to the media.

Where the release was sent to: \_\_\_\_\_

Date sent: \_\_\_\_\_

\_\_\_\_\_ b. A copy of the news release that was published is attached.  
(Send the full newspaper page on which the release was printed.)

### **PUBLIC RELEASE PROTOTYPE - Child or Adult Day Care Centers**

(Name of Local Agency) \_\_\_\_\_ announces the sponsorship of the Child and Adult Care Food Program at its centers located at:

\_\_\_\_\_  
The same meals will be made available to all enrolled participants at no separate charge.

Eligibility for the center's meal reimbursement is based on the following annual income scales effective through June 30, 2007.

<u>Family Size</u>	<u>Eligibility Scale for Free Meals</u>	<u>Eligibility Scale for Reduced Meals</u>
1	\$12,740	\$18,130
2	\$17,160	\$24,420
3	\$21,580	\$30,710
4	\$26,000	\$37,000
5	\$30,420	\$43,290
6	\$34,840	\$49,580
7	\$39,260	\$55,870
8	\$43,680	\$62,160
For each additional family member add:	\$4,420	\$6,290

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.